

**Continuous Quality Improvement
Quality Service Review**

FINAL REPORT

August 11-15, 2008

Walworth County Health and Human Services

**Child Welfare Continuous Quality Improvement Program
Office of Performance and Quality Assurance
Department of Children and Families**

*A Report by
The Continuous Quality Improvement (CQI) Team*

December 04, 2008

I. INTRODUCTION

The Continuous Quality Improvement (CQI) Program, within the Office of Performance and Quality Assurance (OPQA), of the Wisconsin Department of Children and Families (DCF), uses the Quality Services Review (QSR) protocol to evaluate the case practice models of Wisconsin's county child welfare programs. The QSR generates useful information for county staff and community stakeholders as to outcomes for children and families served, strengths of local practice, and opportunities for improving system performance.

The QSR process also provides an opportunity to gather additional information the department will use in reporting some federally required information, which is part of the Child and Family Services Reviews (CFSR).

The Continuous Quality Improvement Team conducted a Quality Service Review in Walworth County during the week of August 11-15, 2008. During the same week, staff from the Children's Court Initiative (CCI) conducted a review of the Juvenile Court. CCI is a comprehensive, ongoing, collaborative project designed to strengthen court processing in Chapter 48 cases.

II. THE WALWORTH COUNTY REVIEW

A. REVIEWERS

In the Walworth County review, six pairs of reviewers participated in reviewing the twelve cases selected. A total of 107 persons were interviewed. Five reviewers served as mentors to their review partners, who were in the role of "Shadow 2" reviewers. The "Shadow 2" reviewers consisted of a retired child welfare supervisor, a manager of a child welfare training partnership, a state adoption regional supervisor, a Human Service Area Coordinator, and a current child welfare supervisor. The "Shadow 2's" were observed and coached in their development as lead case reviewers. All the lead case reviewers who provided coaching have extensive experience in child welfare and consisted of four Continuous Quality Improvement Specialists and one county child welfare case worker. The remaining two certified reviewers consisted of a Permanency Counselor from the Children's Court and a county child welfare supervisor.

In addition to the reviewers that participated in the Quality Service Review, two reviewers were involved in the "Pathways to Permanency" review in which two post-termination of parental rights (TPR) cases were selected. The data gathered from these two cases are not included in this report, but will be presented in a different report which will have combined results of the first twenty cases reviewed with this protocol.

B. CASE SAMPLE

Twelve cases were randomly selected for review in Walworth County. In each case, one child was selected as the “focus child.” Every attempt is made to stratify the case sample across workers and ages and genders of children. A family must agree to participate in the review process and sign releases for participants to be interviewed by the review team, or the case is not selected. In the Walworth review, a total of 107 persons were interviewed. Of the twelve cases, seven were out-of-home cases and five were in-home case. One child was in the 0-4 age range, six children in the 5-9 age range, four children were in the 10-13 age range, and one child was over the age of 13. There were eight males and four females in the sample.

C. STAKEHOLDER INTERVIEWS

As a complement to the individual case reviews, focus groups were conducted with stakeholders from the local child welfare system. Site leaders Michael Casali and Kimberly Kelly conducted these sessions. In addition, John Strange of the Children’s Court Initiative (CCI) conducted sessions jointly with the site leaders for many of the focus groups. The external perspectives that were gathered provide a valuable source of insight and feedback about how the systems with which families are involved interface and perform with the child welfare agency, thereby affecting and influencing outcomes. The stakeholder focus groups and their perspectives are described in Section III.

D. DEMOGRAPHICS

Walworth is a rural county located in southeastern Wisconsin. The 2006 population was reported at 101,007, up from 93,759 in 2000. The county borders the state of Illinois and because of its geographic location there tends to be a transient population, in addition to an influx of tourists during the summer months. According to the 2006 United States Census Bureau data the county has an ethnic makeup of 97.3 percent white persons, .8 percent Black persons, .3 percent American Indian and Alaska Native and .9 percent Asian persons, with the latter three ethnicities being below the overall average in Wisconsin. Of particular note is the large Hispanic/Latino population in the county. There is a population of 8.6 percent of persons of Hispanic/Latino descent in Walworth, compared to 4.7 percent statewide.

With no large cities or industry in this rural county, employment opportunities include several small manufacturing companies, farming, and the University of Wisconsin-Whitewater. With twenty-seven lakes in the county, many Walworth residents also rely on the tourism industry for income. Overall, community respondents voiced a perception of underemployment in the county. The median household income reported to the United States Census Bureau in 2004 was \$48,342, which is just slightly higher than the state average. 9.5 percent of county resides were reported to be below the poverty level in 2004 as opposed to 10.9 percent statewide.

III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)

A. ORGANIZATIONAL – STRENGTHS

One of the greatest assets that the Walworth County Department of Health and Human Services (WCDHHS) offers their community is the quality of the staff. Focus group participants described the front line caseworkers as competent, knowledgeable, accessible and responsive to families and community partners. Walworth County stakeholders acknowledge that while working in child welfare is a challenging job, the morale of the caseworkers and their cohesiveness with each other remain strong. Noteworthy is the longevity of the caseworkers, particularly in the Child Protective Services (CPS) unit. Low turnover has contributed to the front line staff's ability to gain expertise in child welfare issues as well as develop good knowledge of their community and of the families with whom they work. Stakeholders also recognized the hard work that is being done by front line workers to help reduce the number of out of home placements.

The supervisor of the Ongoing Children's unit (referred to as ongoing) was described by focus group participants as caring, a good listener, approachable, and knowledgeable of the cases in the unit. One participant said she is "good at what she does" and frequently asks what else she can do to help. The Deputy Director of WCDHHS, who has primary responsibility for the children's services unit, is a clinical psychologist who in a previous internal position provided direct services to children and families as well as consultation to front line workers. The intimate knowledge of the agency and the families it serves gained from this first-hand experience is viewed by many as invaluable to the agency's mission. The upper management in WCDHHS was generally seen as approachable and caseworkers appreciate the small acknowledgements they receive, such as handwritten notes from the Director. The entire management team is working together to embrace a paradigm shift in practice philosophy. A re-design team, consisting of various employees from the agency, has been created to explore integrating "evidence based treatment" into practice. Focus group members felt that this re-design will enable the county to offer better and more targeted resources and programs to the children and families they serve.

B. ORGANIZATIONAL – CHALLENGES

Though there is longevity with many of the front line workers, there have been position openings in the ongoing unit for over a year due to various reasons. Focus group members noted that filling a vacant position from posting to hiring can take a long time. Subsequently, it seems once a position is filled another soon becomes open. For example, a new ongoing worker was scheduled to begin employment the week following the QSR review, yet another worker was scheduled to go on maternity leave shortly thereafter. Besides the vacancies the front line workers have recently had to deal with the loss of the Family Resource Worker position. This person did a lot of hands on work with families such as assistance with searching for employment and housing. When the Family Resource Worker retired in the spring of 2008 this position was not filled. A decision was later made to reallocate this position to other necessary job duties within the agency.

Though the supervisor of the ongoing unit is seen as person who is capable of multi-tasking and handling large amounts of work, the range of job duties are wide. For example, besides supervising both the ongoing and juvenile justice units, she also trains new staff and has covered other management position vacancies. Overall, these duties significantly limit the amount of time that both the supervisor and the workers would like to have to consult on cases.

Focus group participants expressed concern for meeting the needs of the growing population in their county, which presents WCDHHS and other community agencies with increasingly complex and challenging problems. For example, more trained and skilled foster parents are desired to meet the increasingly growing emotional and behavioral needs of children who require a placement outside their family. Maintaining and replenishing a pool of qualified caregivers was cited as challenging. It was noted that though foster parents leave the resource pool for a number of personal reasons, loss of a foster home due to adoption is a common scenario. While a strength relative to meeting the permanency needs of children who require a long-term out of home placement, there is a need to recruit, train, and maintain high quality foster parents who are willing to foster children whose goal is to reunify with their birth family. Focus group members also expressed a need to have better support for kinship providers in that they are not always given the same attention or support that is afforded to other placements.

Focus group participants noted numerous collaborations and training efforts with community members; however, there is a need for continued education to community members and partners regarding the roles and responsibilities of the child protective services agency. Sometimes these efforts are limited by the availability of time. For example, focus group members mentioned a collaboration meeting that was held in the past between educational and child welfare personnel but has now collapsed.

C. RESOURCES – STRENGTHS

There have been efforts by the county to strengthen their internal (or in-house) services that are provided to the community. The in-house clinical unit at WCDHHS now has six workers and a supervisor that can serve children and adults with mental health as well as Alcohol and Other Drug Abuse (AODA) issues. There is also a psychologist and five part time psychiatrists on the clinical team. An adolescent AODA group has recently been added as an in-house service provided by WCDHHS in a response to meeting a growing need. There are two Spanish speaking case workers in the ongoing unit, and the ongoing unit supervisor also speaks Spanish. WCDHHS has a volunteer based transportation program and though it mainly serves the elderly population, it is a resource that families can attempt to utilize for their transportation needs to appointments or family interactions. There is one substitute care caseworker position whose job duties are split between providing services to foster parents and also to providing Independent Living (ILS) services to youth. Though this position is stretched thin due to the shared role, focus group participants expressed an appreciation for the skills learned through the ILS

program and the guidance that is given to the youth who are preparing to emancipate from the system.

Besides the in-house services offered, there are a variety of external services that children and families can access. Walworth County has two hospitals, one of which has plans to expand behavioral health services over the next year. There are also plans for a Child Advocacy Center to be opened in the county. WCDHHS contracts services with several local agencies that provide monitoring for family interactions, in-home safety checks, parenting classes, treatment foster care, and transportation to families. Some of these agencies also provide in-home parenting and therapy. There is also a community agency that is able to provide electronic monitoring of alcohol use by expectant mothers. Walworth County has a homeless shelter with twelve beds available. There is a special needs school operated by the county that can offer alternative educational opportunities for children with behavioral, developmental emotional and medical needs, though some focus group participants view this resource as a double-edged sword. Some families who have relocated to the county for this service have become involved in the child welfare system which adds higher needs children to already burdened caseloads.

There are several different collaboration efforts aimed at sharing information and discussing community issues. Focus group participants cited the Children's Court Advisory Board as a helpful group that meets once a month. This multi-disciplinary team meets and decides on an issue of concern in the county to focus on for the year. The team then designs and implements training for other community partners on that topic. Walworth County also has an Association for the Prevention of Family Violence which can provide support and advocacy services for victims of domestic violence. The Safe Family Partnership is a collaborative effort between domestic violence advocates and child welfare personnel who work together to provide trainings to the public.

D. RESOURCES – CHALLENGES

Focus group members expressed a concern about a lack of local doctors who can treat or diagnose child abuse issues. Most children who require an assessment have to be transported to the Milwaukee area to see a specialist. Participants also noted a shortage of local therapists who can provide comprehensive child welfare-informed assessments. Additional localized specialists are needed to treat sexual assault victims and perpetrators, behaviorally challenged and developmentally delayed children. There is a need for more localized services for inpatient AODA and detoxification, therapy for young children and a mental health inpatient facility. Focus group members noted that psychological evaluations are not always completed in a timely manner and that there is a large waiting list for individuals to get this service. With WCDHHS's philosophy shift towards an "evidence based treatment approach," these delays in the assessment phase may affect moving forward with proper treatment planning for families.

Due to the rural nature of the county there is no public transportation system offered, which focus group participants identified as a barrier to the families they serve. There is also a shortage of low income housing available in the county. In addition, though there

is a homeless shelter, it is located on the boarder of another county and does not have enough beds to meet the demand for shelter, particularly in the winter months. Focus group members also noted a need for more mentoring programs for children, before and after school programs to help keep kids safe, affordable daycare options, and dental providers who take medical assistance (MA). There are currently no dentists in the county that accept MA payment.

As mentioned, Walworth County has a large Hispanic population and focus group members expressed concern about the ability to meet the needs of this population. There is a lack of culturally sensitive services such as Spanish speaking foster families, providers, therapists, interpreters and WCDHHS case workers.

E. PRACTICE – STRENGTHS

Overwhelmingly focus group participants cited the agency caseworkers' ability to build rapport with children and families as a strength in case practice. Focus group participants described agency caseworkers as a "close-knit group", "caring", "dedicated" and as working towards the "same goals." Case workers also have good relationships with their partners, and many focus group members spoke of good communication and collaboration. As mentioned, WCDHHS has made an effort to strengthen their internal service delivery which has led to improved dialogue and collaborative efforts between caseworkers and mental health providers. One focus group member said that front line workers "aren't afraid to think out of the box" to problem solve. Focus group members like that the agency caseworkers are available and responsive to phone calls. Though some caseworkers would like to participate in more advanced trainings for the seasoned workers, overall focus group members felt that workers are getting the necessary training around safety, ethics/boundaries and child welfare issues.

Stakeholders noted that WCDHHS is very responsive to safety issues as they arise and provide crisis intervention as needed. One focus group member said that they "respond admirably to a crisis", but also listen to a situation that is not crisis driven. One focus group member said that there is a good balance between providing safety and quality of service. The agency is viewed by focus group members as making efforts to prevent out of home placement. One way this is done is to offer services to families on a voluntary basis, which participants viewed as an effective way to become involved with families "before there is a crisis". A related tool that WCDHHS has implemented to help with case planning is Family Group Conferencing (FGC). Focus group members felt that this is not only used as a preventive measure, but it can also help identify placement options early in a case. FGC helps to identify potential relatives and assist with efforts to locate fathers. The ongoing unit also conducts frequent staffings with family members which allows team members to function collectively for quicker outcomes, and as one focus group member said "helps prevent foster care drift." It was also noted that agency caseworkers are available and willing to attend other team meetings as needed, such as Individualized Education Plan (IEP) meetings with the schools. FGC and staffings can also help with concurrent planning. Some focus group members stated that the ongoing

caseworkers have a good understanding of concurrent planning and know how to use it to help children achieve permanency.

F. PRACTICE – CHALLENGES

Focus group participants said there are inconsistent sibling interactions with children who are placed in out of home settings. While some children are having acceptable visitation with siblings, others are not having adequate family interactions. Focus group members cited various reasons for this inconsistency, but some participants believe it is due to busy caseworker schedules and to challenges with coordination of the visits (e.g. transportation).

Many focus group participants noted that Walworth County has an increase in not only the general population, but also special needs children due to the two special needs schools located in the county. Caseworkers can be challenged by how to meet the needs of these children with the available resources. Focus group members spoke of the need for service providers and interpreters not only the Hispanic population, but also the population of deaf children that reside in Walworth County.

Focus group members acknowledged the importance of documenting case facts into the Wisconsin Statewide Automated Child Welfare Information System (WiSACWIS), though many participants stated that some of the required court forms are time consuming and repetitive. Of particular concern was the time it takes to do the necessary documentation and that in turn takes away from face-to-face time with children and families. Some members of the focus group expressed concern over not receiving a Mandatory Reporter Form, which gives the mandatory reporter information on the “screen-in or screen-out” status of a report. Other members reiterated there have been some issues with making after hours child abuse and neglect reports in that there has been inconsistent information and responsiveness to the reporter. While focus group members view WCDHHS as a collaborative agency, not all members have been a part of a team that meets and plans on a regular ongoing basis. Stakeholders expressed a desire to be included in planning outcomes for children and families.

Focus group participants reported some confusion around the transfer of cases from the Child Protective Services unit and the Ongoing Children’s unit. Besides the need for overall communication to improve, focus group members stated there needs to be clarification around when a transition is going to happen and the roles and responsibilities of each worker (e.g. paperwork, when new case assignments take place, and who is communicating with the family). Participants said there may need to be clearer policy or procedures developed in this area.

G. LEGAL – STRENGTHS

Many focus group participants stated that they feel the judges are knowledgeable about child welfare issues and that the courts are approachable. Participants said they are comfortable with talking in the courtroom and that the judges are respectful to those who

are present. Caseworkers and parents are given an opportunity to participate in court hearings. The courts are viewed as having a good relationship with WCDHHS and continual efforts are being made to support this relationship. The Deputy Director has regular meetings with the judges in order to discuss systemic issues. The County Clerk's office was viewed by focus groups participants as an asset to the overall court process. Though some focus group members reiterated that the Clerk of Courts sometimes holds on to court orders until there is a stack of them to send out at once, most were satisfied that notice of hearings were sent in a timely manner and the proper parties were notified.

County case workers were described as prepared for court, competent and knowledgeable of their cases. Focus group participants viewed Corporation Counsel as accessible, responsive and having sufficient knowledge of the cases. Participants appreciated Corporation Counsel attendance at individual case staffings and efforts made in preparing for court hearings. WCDHHS has a positive working relationship with Corporation Counsel, and there is excellent communication between the two agencies. The addition of a Court Commissioner was viewed as an asset by focus group participants in that this has been used efficiently to help free some time in the court's schedule.

H. LEGAL – CHALLENGES

Focus group participants cited a backlog of termination of parental rights (TPR) cases as an issue in the court system. There are a handful of TPR cases that are waiting to be heard in court. Participants felt this might be due to the court calendar being full and also due to the high caseload that the Corporation Counsel carries. Corporation Counsel sometimes hires an outside attorney to help with hearings due to the volume of cases.

Focus group participants noted inconsistency in Guardian Ad Litem (GAL) performance in that some are viewed as being more invested than others. While some GAL's are visiting their children on a regular basis, others are said to be visiting the children right before they walk into the court room for a hearing. Focus group members also reported inconsistencies in opportunities given to caregivers, children/youth, and providers to participate in court hearings. Focus group participants said these team members' participation in court varies by judge.

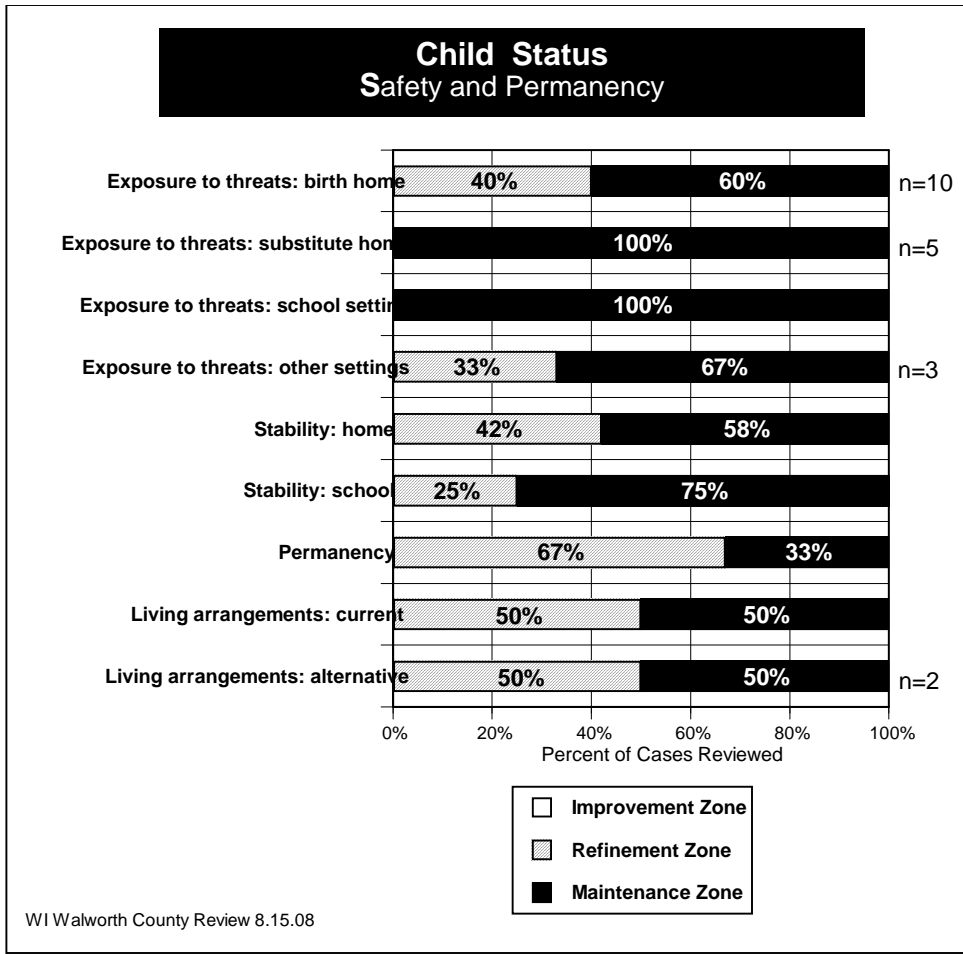
Lastly, focus group members expressed concern that not all biological parents involved in Child in Need of Protection or Services (CHIPS) cases have representation in court. Many parents do not qualify to have an attorney appointed to them based on income and others are unable to pay for an attorney on their own. Focus group participants also stated that parents may not completely understand how to navigate the juvenile court case, especially if they are also involved in a criminal case and two different systems are involved.

IV. CHILD AND PARENT/CAREGIVER STATUS INDICATORS

The QSR uses eight indicators to assess a child’s status and five indicators to assess parents and/or caregivers. The QSR Interpretative Guide (below) provides definitions to understand the scoring system. The results for the 13 indicators are presented in aggregate and graphic format on the following pages and measure the child and parent/caregiver status in the 180 days prior to the review. The narrative sections associated with each indicator will illustrate the combined scores using the three-zone system, the acceptable-unacceptable dimension, or both.

QSR Interpretative Guide for Child Status		
<p style="text-align: center;">Maintenance Zone: 5-6</p> <p>Status is favorable. Efforts should be made to maintain and build upon a positive situation.</p>	<p>6 = OPTIMAL STATUS. The best or most favorable status presently attainable for this child in this area [taking age and ability into account]. Child is doing great! Confidence is high that long-term goals or expectations will be met in this area.</p> <p>5 = GOOD STATUS. Substantially and dependably positive status for the child in this area, with an ongoing positive pattern. This status level is consistent with attainment of long-term goals in this area. Status is “looking good” and likely to continue.</p>	<p>Acceptable Range: 4-6</p>
<p style="text-align: center;">Refinement Zone: 3-4</p> <p>Status is minimal or marginal, maybe unstable. Further efforts are necessary to refine the situation.</p>	<p>4 = FAIR STATUS. Status is minimally or temporarily sufficient for the child to meet short-term objectives in this area. Status is minimally acceptable at this point in time, but may be short-term due to changing circumstance, requiring change soon.</p> <hr style="border-top: 1px dashed #ccc;"/> <p>3 = MARGINAL STATUS. Status is marginal/mixed, not quite sufficient to meet the child’s short-term objectives now in this area. Not quite enough for the child to be successful. Risks may be uncertain.</p>	
<p style="text-align: center;">Improvement Zone: 1-2</p> <p>Status is now problematic or risky. Quick action should be taken to improve the situation.</p>	<p>2 = POOR STATUS. Status has been and continues to be poor and unacceptable. The child seems to be “stuck” or “lost” and is not improving. Risks may be mild to moderate.</p> <p>1 = ADVERSE STATUS. Child status in this area is poor and getting worse. Risks of harm, restriction, exclusion, regression, and/or other adverse outcomes are substantial and increasing.</p>	<p>Unacceptable Range: 1-3</p>

Note: n = (x) next to a bar in a graph signifies the number of cases meeting the specified criteria for the measurement. For some indicators, not all cases in the sample are scored.



Exposure to Imminent Threats of Harm: To what degree is the child free of abuse, neglect, and exploitation by others in his/her place of residence and other daily settings? Is the child free from injury caused by others in his/her daily home, school, and community settings? Do parents and caregivers provide the attention, actions, and supports necessary to protect the child from known threats of harm in the home?

Comments: In general, the children in the sample were found to be in settings where those responsible for caregiving were providing adequate levels of protection. One hundred percent of the sample children rated in the acceptable range and were thus found to have adequate to optimal levels of protections in place in the daily settings of a substitute home, school, and other relevant settings. In terms of the presence of threats in birth homes, six of the children rated fell in the maintenance zone and nine of ten were found to be acceptable overall.

Stability: To what degree are the child's daily living, learning, and work arrangements stable and free from risk of disruption? Are the child's daily settings,

routines, and relationships consistent? Are known risks being managed to achieve stability and reduce the probability of future disruption?

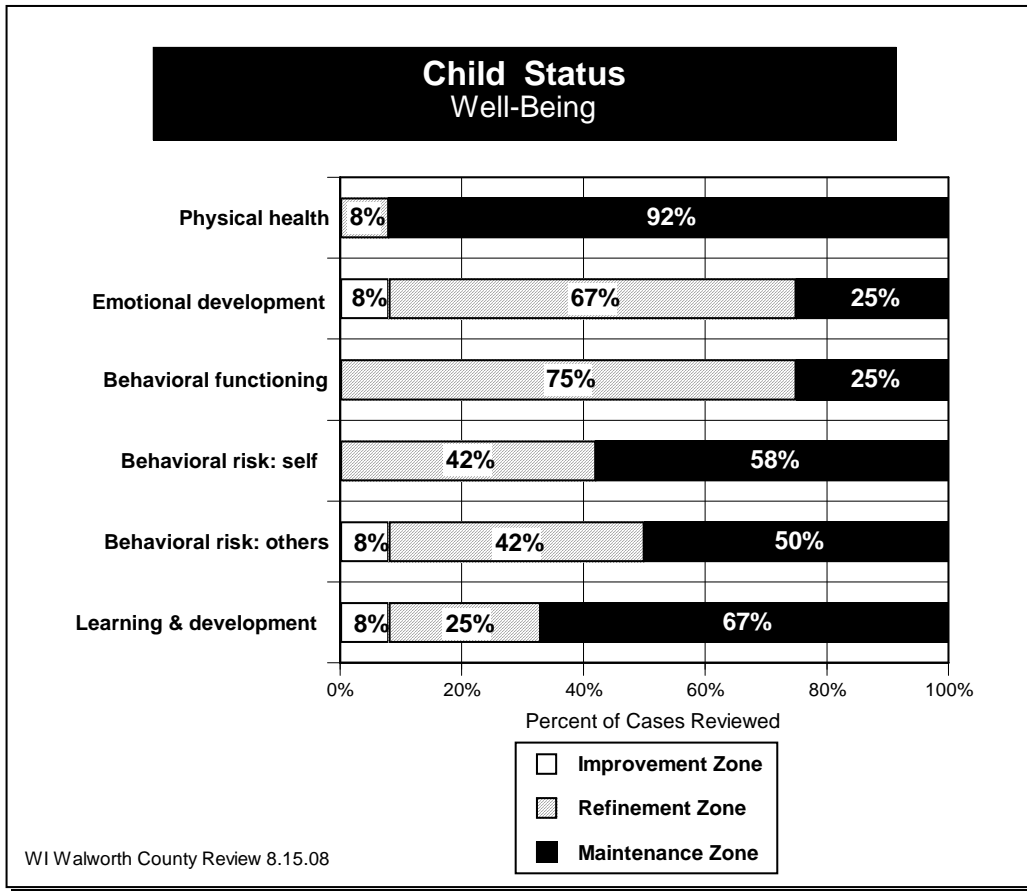
Comments: Seven of the twelve children in the sample scored in the maintenance zone for home stability, and nine of twelve for stability in their school programs. Overall, 92 percent of the cases reached acceptability for both home and school stability. In the one case that rated in the unacceptable range instability was reflected in the focus child's shared living arrangements between his divorced parents who are involved in a custody dispute and who have engaged in intense verbal battles in his presence which has required law enforcement intervention.

Permanency: Is the child/youth living with parents or out-of-home caregivers that the child, parents or out-of-home caregivers, and other stakeholders believe will sustain until the child reaches adulthood and continue onward to provide family connections and supports? If not, to what degree are permanency efforts presently increasing the likelihood that the child/youth soon will be enveloped in enduring relationships that provide a sense of family, stability, and belonging?

Comments: Though four of twelve cases rated in the maintenance zone for permanency, twenty-five percent or three of the twelve cases did not attain the level of acceptability. In a case that has been opened for 15 months and rated as needing refinement, the mother's diagnosed major mental illness and trauma history were seen as barriers to engaging her effectively enough in the process to warrant unsupervised visits with the focus child. Also, the father in this case was in prison and not part of any plan for visitation, reunification, or engagement.

Living Arrangement: To what degree is the child in the most appropriate/least restrictive living arrangement, consistent with needs for family relationships, social connections, age, ability, special needs, and positive peer group affiliation? If the child is in temporary out-of-home care, does the living arrangement meet the child's needs to be connected to his or her language and culture, community, faith, extended family, tribe, social activities, and peer group?

Comments: One hundred percent of cases scored in the acceptable range for current and alternative living arrangements, suggesting that family connections, emotional support, and social affiliations are being maintained for children in the sample whether they are living in their birth home, a substitute home, or any other setting in which they received care.



Physical Health: To what degree is the child achieving and maintaining his/her optimum health status? If the child has a serious or chronic physical illness, is the child achieving his/her best attainable health status given the disease diagnosis and prognosis?

Comments: All twelve children in the sample rated as acceptable for physical health, which mirrors similarly favorable results from other Wisconsin counties where the QSR has been conducted.

Emotional Development: To what degree is the child presenting age-appropriate emotional development, adjustment, appropriate coping skills, and self-control?

Comments: Only twenty-five percent of the cases rated in the maintenance zone for emotional development, and overall four of the twelve children were found to not meet the criteria for acceptability. In one case the focus child's deficits in social skills contributed to a rating in the refinement zone: "One concern noted regarding the focus child was her emotional development. When asked if she has a best friend at school, she said everyone is a best friend. She could not give any names of friends she interacts with on an ongoing basis. It appears that she may be slightly isolated from peer interactions. It was unclear if she interacts with any children in her neighborhood."

Behavioral Functioning: To what degree is the child achieving and maintaining an adequate level of behavioral functioning in daily settings, activities, and social groups?

Comments: Only one quarter of the cases fell in the maintenance zone for this indicator, and four of the twelve cases did not attain the level of acceptability. Some of the individual, family, and environmental factors found in these cases that coincided with below average behavioral functioning include: exposure to trauma in all four of the focus children, an attachment diagnosis or related challenges in two of the four, and cognitive delays in one child. In terms of parents some common factors include a diagnosed mental illness in one or both, a history of trauma exposure, challenges to economic self-sufficiency, and moderate to severe deficits in caregiving capacities.

One of these cases illustrates the link between a child's cognitive deficits and the inability to regulate behavior: "The focus child does also suffer from temper tantrums that appear to stem from her inability to communicate effectively. She has minimal verbal skills, and is often unable to express herself or define her needs. These temper tantrums can last up to an hour, and very recently the focus child was physically aggressive to both herself and her caregivers."

Behavioral Risk: To what degree is the child/youth consistently avoiding self-endangerment situations and refraining from using behaviors that may put him/herself or others at risk of harm?

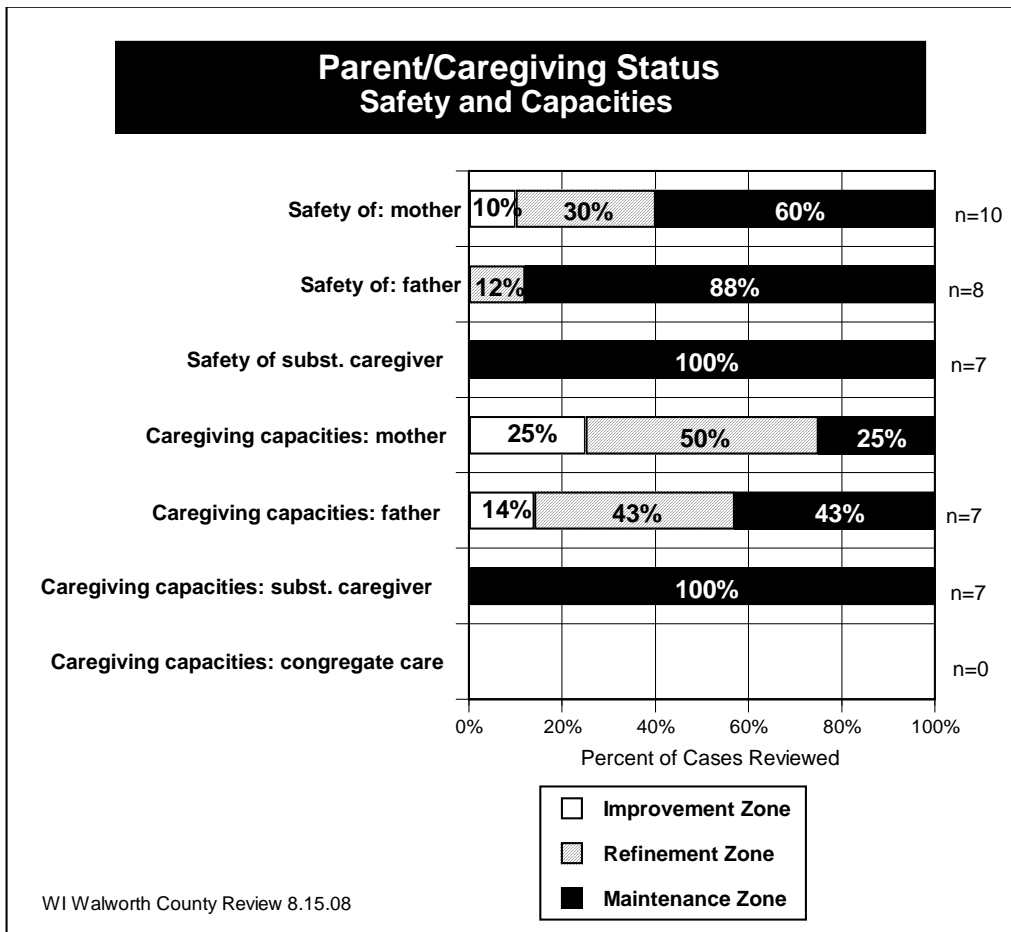
Comments: Nine of the twelve cases scored in the acceptable range for behavior risk to self and to others, an indication that children in the sample are generally able to engage in socially appropriate activities and avoid actions that put themselves and others at risk of harm. In one of the cases that rated in the improvement zone for behavioral risk to others, the focus child's parents both have histories involving sexual abuse. The mother's parents were prosecuted and imprisoned for sexually abusing their children, and the father currently has allegations against him that he sexually abused his daughter. The focus child is depicted as functioning in a heightened mental and physiological state with little capacity to modulate intense sensations: "The focus child is a victim of trauma due to the poor parenting capacities of his parents. His therapist feels that the focus child has been overloaded by stimuli throughout his life and has difficulty filtering the input. He sees the focus child as overwhelmed by life with few coping skills. He is very sexualized."

Early Learning & Development (Under Age 5): To what degree is the young child's developmental status commensurate with his/her age and developmental capacities? Is the child's developmental status in key domains consistent with age-appropriate expectations?

Learning and Development (Age 5 and Older): Is the child (according to age and ability): 1) regularly attending school; 2) in a grade level consistent with

age; 3) actively engaged in instructional activities; 4) reading at grade level or Individual Educational Plan (IEP) expectation; and 5) meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent?

Comments: Overall the children in the case sample were found to be attaining adequate or above levels of learning and development, with eight of the twelve cases scoring in the maintenance zone. One such child displayed an array of interests and capacities: “The focus child will be entering 9th grade this fall. He was described by school staff as a very likeable young man, clever, witty and having a great sense of humor. He also participated in band, a multicultural skills class and attended a leadership conference during the summer months. The focus child hopes to someday be a music director or an attorney. He also plays soccer and plans to be in track.”



Safety of the Parent/Caregiver: Is the parent/caregiver in the child's household safe from manageable risk of harm at home? Is the parent/caregiver free from intimidations and reasonable fears of domestic violence in the home?

Comments: Nine of ten mothers and seven of eight fathers were rated as having a living situation that is relatively free from external physical and emotional threats to their safety. In one case that scored in the improvement zone the mother's untreated major mental illness and affiliation with males suspected of sexual assault led to an unacceptable rating.

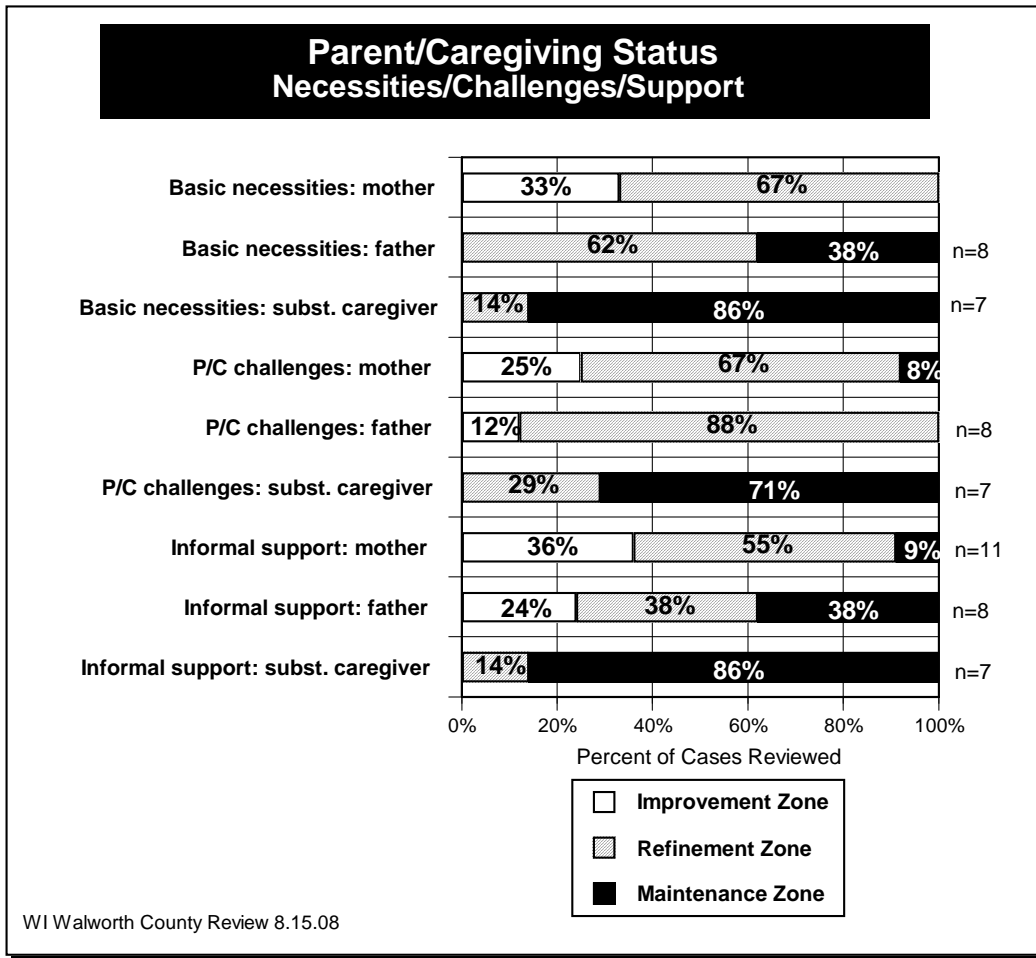
Caregiving Capacities (Home Settings): To what degree does the parent/caregiver demonstrate adequate caregiving capacities on a reliable daily basis commensurate with that required to provide the child(ren) with appropriate nurturance, guidance, protection, care, and supervision? If the child(ren) have special medical, emotional, behavioral, and/or developmental needs, does the caregiver have and use any special knowledge, skills, and supports that may be required to meet the needs of the child(ren)?

Comments: While 100 percent of substitute caregivers rated in the maintenance zone, only 67 percent of mothers and 57 of fathers were found to have acceptable levels of basic caregiving abilities. In one case that did not meet the criteria for acceptability the mother's cognitive deficits coupled with the focus child's diagnosed Attention Deficit Hyperactivity Disorder (ADHD) and marginal levels of her own emotional and behavioral development led to a challenging caregiving situation: "The reviewers observed that Sarah's behavior is, at times, difficult for the mother to manage. The mother uses time outs but reports that Sarah will tell *her* to 'take a time out'. When frustrated the mother will raise her voice and use profane language toward the focus child. The in-home parenting provider has questioned how much of the parenting information the mother is able to retain and use in her parenting practices."

In the same case, however, the substitute care provider was found to be looking into ways to understand how to better meet the focus child's unique needs: "The reviewers were particularly impressed with the aunt's pursuit of any knowledge that may be helpful in assisting her with meeting the focus child's special needs. She somehow finds the time to acquire information/articles on attachment issues, ADHD, the pros and cons of the various medications for ADHD and behavior management."

Caregiving Capacities (Congregate Settings): To what degree are the child's/youth's primary caregivers in the group home or facility supporting the education, development, and independence of the child/youth adequately on a consistent daily basis (as appropriate to age and need)?

Comments: No children in the sample were living in a group home or residential facility during the review period under consideration.



Basic Necessities: To what degree are the family’s earned income and/or economic supports adequate to cover the family’s basic living requirements (i.e., shelter, food, clothing, transportation, health care/medicine, childcare)? Is the parent/caregiver accessing, receiving, and adequately managing the economic supports to which he/she is entitled? Does the parent/caregiver have economic security and skills sufficient for meeting the family’s basic needs and maintaining a stable living arrangement for the children? Does the current living arrangement provide the family with adequate space and living conditions?

Comments: Eighty-eight percent of fathers and eighty-six percent of substitute caregivers rated as acceptable and thus having the necessary financial resources to meet daily living requirements. On the other hand, only 50 percent of mothers reached a level of acceptability, and none of the 12 in the sample was scored in the maintenance zone. In one of those cases the reviewers highlight the educational and work experience factors that often coincide with economic challenges: “There continues to be some concern regarding the mother’s ability to meet the family’s basic needs. Until December 2007, she had a history of unemployment or underemployment and was unable to establish and maintain housing for herself and her children. When she recently needed to leave the apartment she shared with her former boyfriend, she could not afford to live on her own.

Her limited education (she dropped out of high school her senior year) and work experience prevent her from obtaining more lucrative employment.”

Special Parenting/Caregiving Challenges: To what degree do parents/caregivers, with whom the child is currently residing or has a goal of reunification, present or experience a pattern of significant, ongoing challenges that limit or adversely affect the parent/caregiver’s capacity to function successfully as an adequate caregiver for this child? Does the family have any special life challenges that interfere with or prevent them from living together safely and functioning successfully?

Comments: Six of twelve mothers and three of the eight fathers in the sample were found to have significant personal challenges that directly impact the ability to provide adequate nurturance, guidance, supervision, and protection to their children. In contrast, none of the seven substitute caregivers rated had significant personal barriers that limited their caregiving capacity.

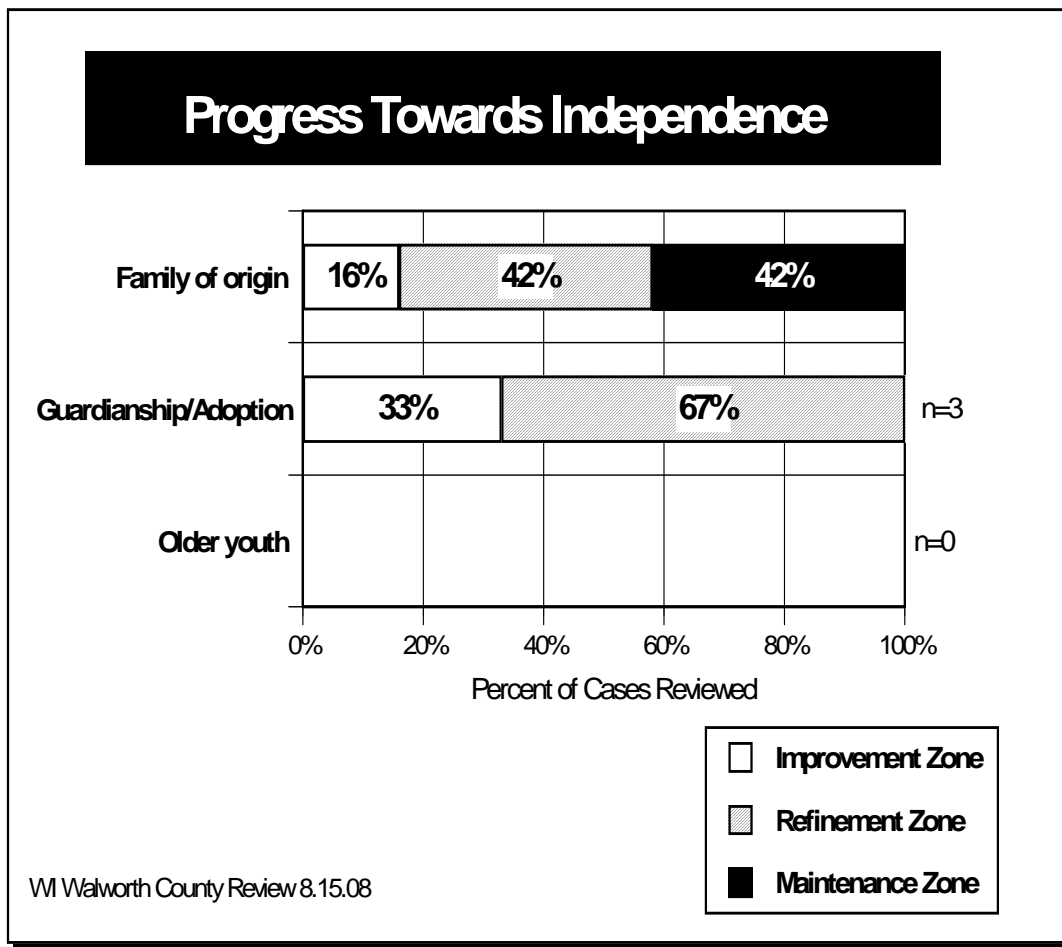
One case highlights the combination of emotional and physical challenges that seriously impede the capacity to fulfill basic parenting roles: “The father is currently diagnosed with Major Depressive Disorder....and a history of suicide attempts resulting in emergency detentions into a mental health facility. He is diagnosed with Chronic Obstructive Pulmonary Disease (COPD) which has resulted in the full time use of oxygen. He is diabetic, but not yet insulin dependent. Approximately nine months ago he lost the ability to talk, walk, and control his bodily functions.”

In another case a significant and severe trauma history coincides with a variety of personal challenges which ultimately limits the capacity to provide adequate caregiving: “Throughout the mother’s life, she has experienced great instability, engaged in risky behaviors and has past AODA issues. It was reported that the mother was raped more than once. It is alleged that the focus child is a product of rape. The mother is diagnosed with Bipolar Disorder and Depression, and she takes medication. Yet, it has been reported that the mother will self medicate with street drugs and/or will increase her prescribed medications. There are no reports of the mother successfully completing AODA treatment, and it is reported that she continues relationships with individuals who are still using drugs.”

Informal Support System: To what degree is the family engaged with an informal support system that assists them with essential caregiving responsibilities? Do families having special needs children, recovery/relapse prevention plans, and/or family safety plans have adequate levels of informal support provided by family, friends, neighbors, or other supporters involved who will help them manage adequately on an enduring basis? When a family has a child with special needs (physical, developmental, emotional, behavioral), do parents/caregivers have opportunities to exchange experiences, strategies, and successes with parents/caregivers of similar circumstances?

Comments: While 75 percent of fathers and 86 percent of substitute caregivers were scored as having an acceptable level of informal supports to assist in meeting caregiving responsibilities, only 27 percent or 3 of 11 mothers met the same criteria. The reviewer in one case reported the mother saying, “I have no family here, no nothing.” The story goes on to say that: “It appears she lost a number of supportive friends through her divorce. Her mother who resides in (another state) is a support. She has purchased and remodeled a ‘safe’ home for the family and would be available to assist the mother with child care responsibilities if she moved there. The Juvenile Court has not approved the children’s move out of state as there are concerns they have been alienated from their father by the mother, and will not be available to improve their relationship with their father if they move.”

V. PROGRESS INDICATORS



Progress to Independence (Family of Origin): To what degree is the family making progress toward their permanency goal of maintaining the child safely at home and/or successful reunification? As necessary to reunify/preserve the family, to what degree have: 1) protective provisions necessary for keeping children safe

been established and maintained within the home; 2) necessary parent/caregiver behavior changes been made, demonstrated, and sustained; and 3) necessary and sustainable conditions and supports been established within the home and family situation (e.g., housing, childcare, income, health care)?

Comments: All 12 of the cases in the sample had a goal of reunification and were thus rated for this indicator. Though five cases scored in the maintenance zone, only half met the criteria for adequately progressing toward the sample children being safely returned to their parents' care. Child and parent factors associated with many of the indicators already discussed (e.g., deficits in emotional and behavioral development in the children, special caregiving challenges and lack of basic necessities and informal supports in parents) directly influence the progress or lack thereof in achieving successful reunification.

Progress to Permanency (Guardianship/Adoption): To what degree is the child living in an environment that supports achievement of permanency through guardianship or adoption? Has the permanent family been identified? To what extent has this child and family: 1) accepted new members and formed realistic expectations; 2) moved through family formation and adaptation stages with necessary adjustments made, demonstrated, and sustained; 3) established sustainable conditions and supports within the home and family situation (e.g., childcare, health care, respite, crisis support, in-home assistance) necessary to meet any special care requirements that the adoptive child presents in the home and family situation?

Comments: Two of the three cases rated for this indicator were found to be progressing in an acceptable fashion toward the goal of guardianship or adoption. In the one case that was scored as not acceptable, the out of home placement was reaching the 15 months with much work yet to be accomplished in terms of reaching legal and emotional permanency. Though the foster parents are willing to adopt the focus child and his siblings, this was not expected to be achieved within the next six months.

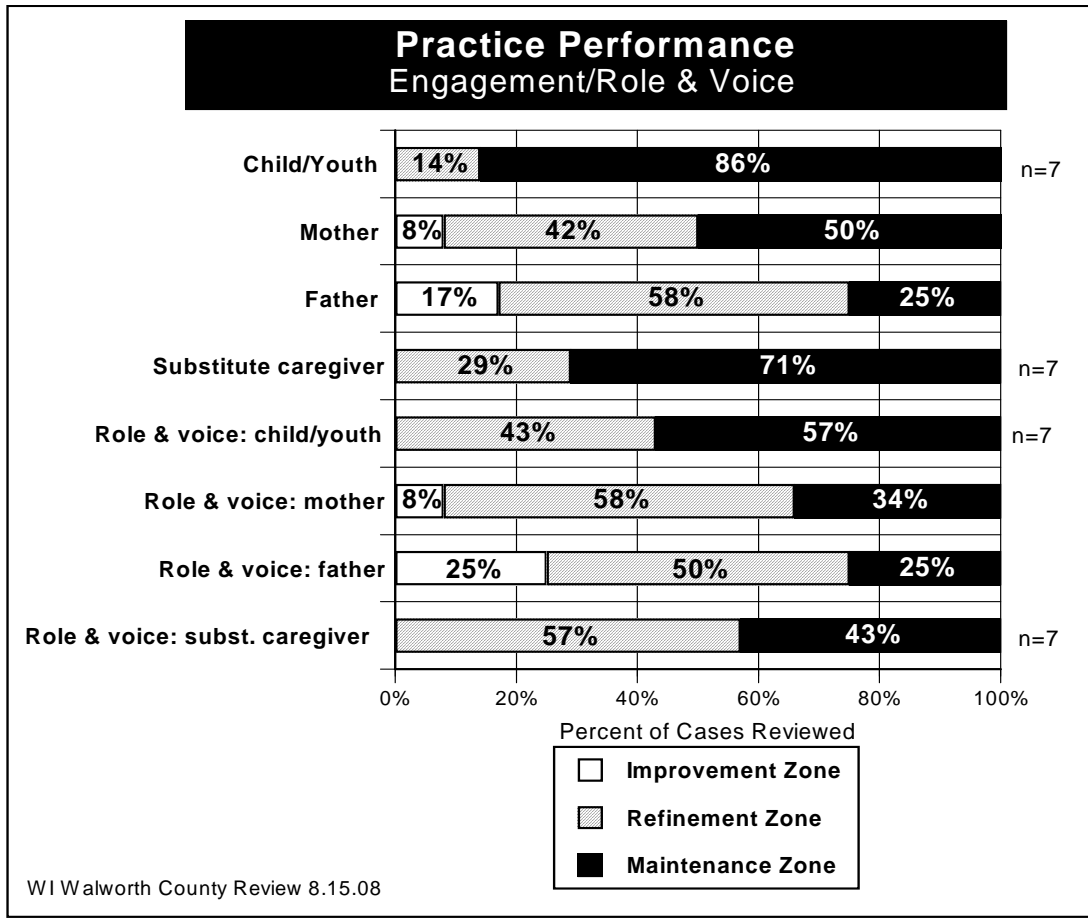
Progress to Independence (Older Youth): To what degree has the youth been making progress toward living safely and functioning successfully independent of agency services over the past six months? Is the youth demonstrating a developing ability to live safely and function successfully without outside supervision, assuming that any necessary supports continue after reaching the age of majority? Is the youth developing long-term connections that will support him/her into adulthood?

Comments: No children met the criteria for rating of this indicator.

VI. THE ELEMENTS OF CASE PRACTICE (THE MICRO VIEW)

The Quality Service Review (QSR) case practice model contains evidence based elements of best practice. The elements are found in the QSR protocol and were applied in rating the 12 cases that were reviewed. There is an ample body of research that documents the efficacy and contribution in helping families develop, pursue, and complete successful strategies of change. The scores on practice performance are presented to point out strengths in case practice that should be maintained, as well as opportunities where the agency can focus efforts in improving outcomes for children and families served.

QSR Interpretative Guide for Practice Indicator Ratings		
<p>Maintenance Zone: 5-6</p> <p>Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.</p>	<p>6 = OPTIMAL PERFORMANCE. <u>Excellent, consistent, effective practice</u> for this person in this function area. This level of performance is indicative of <u>exemplary practice and results</u> for the person. [6 month sustained pattern]</p> <p>5 = GOOD PERFORMANCE. At this level, the system function is <u>working dependably</u> for this person, under changing conditions and over time. Effectiveness level is <u>consistent with meeting long-term needs and goals</u> for the person. [3 month sustained pattern]</p>	<p>Acceptable Range: 4-6</p>
<p>Refinement Zone: 3-4</p> <p>Performance is minimal or marginal and maybe changing. Further efforts are necessary to refine the practice situation.</p>	<p>4 = FAIR PERFORMANCE. This level of performance is <u>minimally or temporarily sufficient to meet short-term need or objectives</u>. Performance may be time-limited, somewhat variable, or require adjustment soon due to changing circumstances. [1 month continuing pattern. Some refinement is indicated]</p> <hr style="border-top: 1px dashed #000;"/> <p>3 = MARGINAL PERFORMANCE. Practice at this level may be <u>under-powered, inconsistent or not well-matched to need</u>. Performance is <u>insufficient for the person to meet short-term needs or objectives</u>. [With refinement, this could become acceptable in the near future.]</p>	
<p>Improvement Zone: 1-2</p> <p>Performance is inadequate. Quick action should be taken to improve practice now.</p>	<p>2 = POOR PERFORMANCE. Practice at this level is <u>fragmented, inconsistent, lacking necessary intensity, or off-target</u>. Elements of practice may be noted, but it is <u>incomplete/not operative on a consistent basis</u>.</p> <p>1 = ADVERSE PERFORMANCE. Practice may be <u>absent or not operative</u>. Performance may be <u>missing (not done)</u>. - OR - Practice strategies, if occurring in this area, may be <u>contra-indicated or may be performed inappropriately or harmfully</u>.</p>	<p>Unacceptable Range: 1-3</p>



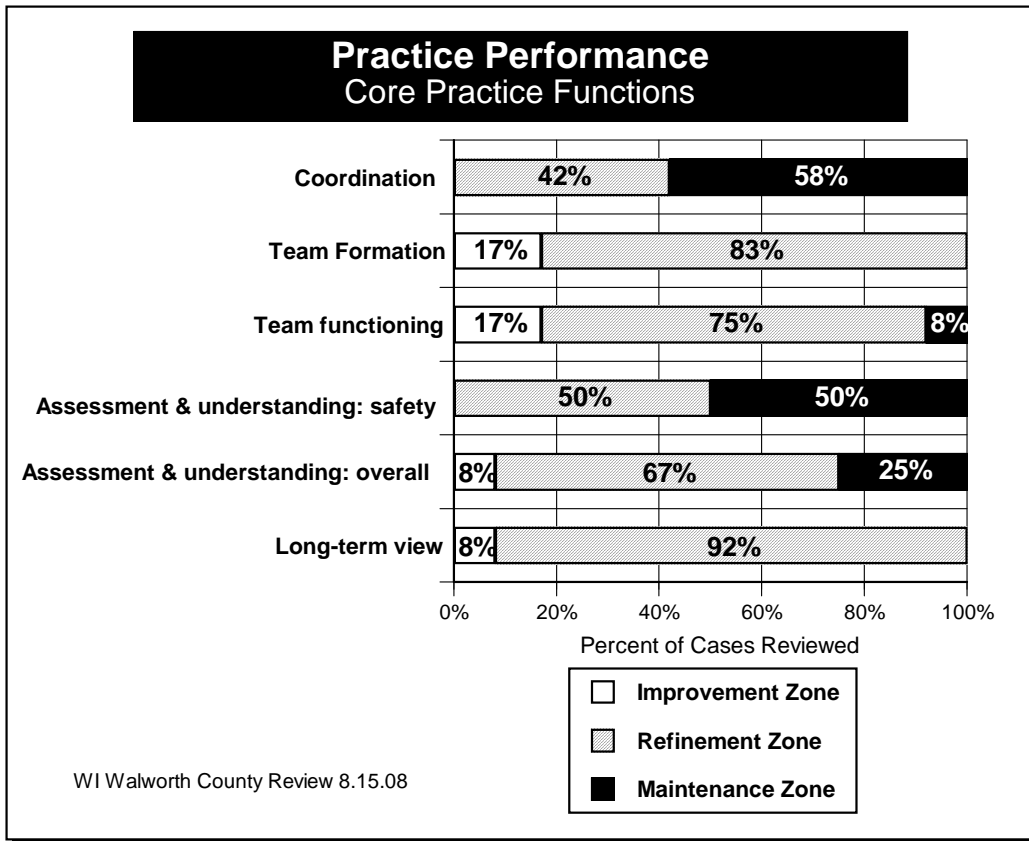
ENGAGEMENT OF CHILD & FAMILY: To what degree are those interveners involved with the family using engagement strategies, including special accommodations with any difficult-to-reach family members, to increase family engagement and participation in the service process? Are interveners building a trust-based working relationship with the child, family, and/or others to support ongoing assessment, understanding, and service decisions? Are interveners relying on a mutually beneficial partnership with the child, family, and/or others that is sustaining their interest in and commitment to the change process?

Comments: While only 67 percent of mothers and 58 percent of fathers scored in the acceptable range, adequate and effective engagement was found to be occurring for all seven of the focus children and seven substitute caregivers rated. In one case that scored in the maintenance zone the reviewer wrote: “The focus child sees his current social worker as someone who is available to him and whom he can trust and can count on to understand his needs. For example, when the focus child had concerns regarding having visits at his mother’s home, the worker made changes to the visitation schedule and required the mom to contact the agency prior to any visits.”

ROLE & VOICE IN DECISIONS: To what degree are the child’s parents significant, ongoing participants (e.g. having a significant role, voice, influence) in decisions made about child/family change strategies, services, supports, and results? (Role and voice in recent meetings).

Comments: Reflecting similar scores as engagement, the focus children and their substitute caregivers rated as being allowed to be full and active partners in the case planning process. In contrast, only seven of twelve mothers and six of twelve fathers were scored in the acceptable range. One case that did show effective practice that led to a trust-based working relationship: “The mother believes that she has a voice in decisions that are made. While the mother states that she and the ongoing social worker do not always agree, she is secure in her right to speak her opinion and that the ongoing social worker listens and respects her thoughts. The mother, as an example of this, discussed her frustration with the agency doing background checks on individuals visiting or staying in her home. The mother described how she was able to voice her anger about this, discuss it with the ongoing social worker, and came to understand why background checks are done. The mother told the reviewers that she trusts the ongoing social worker and believes she acts in the best interest of her family.”

In contrast, one case revealed a missed opportunity to engage and include a cognitively challenged father in the planning process: “Most of those interviewed either have not attempted to engage the father or have deemed him so low functioning that they’ve ceased efforts to include him. The father expressed desire to be part of the planning and has demonstrated the capability of communicating his desires and needs.”



COORDINATION: To what degree are there: A single point of coordination and leadership necessary for convening and facilitating effective family change planning and service decision processes for this child and family? Effective coordination, integration, and continuity in the assessment, planning, organization, and provision of services to this child and family?

Comments: Seven of the twelve cases in the cases in the sample scored in the maintenance zone for coordination, with all but one reaching the level of acceptability. In one case that scored in the maintenance zone the reviewer wrote: “The ongoing caseworker is clearly identified as the coordinator of services for the family. She has done outreach to the parents and children on a regular basis, and has considered their input in the development of a plan. She worked with the father to specifically address issues related to the potential placement of two of his children with him, and linked him with an appropriate service provider.”

TEAM FORMATION: To what degree: (1) Have the people who provide support and services for this child and family formed a working team that meets, talks, and plans together? (2) Does the team have the skills, family knowledge, and abilities necessary to organize effective services for a child and family of this complexity and cultural background?

TEAM FUNCTIONING: To what degree: (1) Do members of the family team collectively function as a unified team in planning services and evaluating results? (2) Do actions of the family team reflect a coherent pattern of effective teamwork and collaborative problem solving that benefits the child and family?

Comments: With only one case in the maintenance zone and acceptability ratings of 33 percent and 42 percent respectively, team formation and team functioning are practice areas that show considerable room for improvement. Consistent face-to-face interactions among those most responsible and involved in providing support and services to a family, including the child and parents themselves, offer opportunities to enhance many of the practice areas that might need improvement such as engagement, role and voice, assessment, tracking and adjustment, and effective planning for safe case closure.

The following quote illustrates how practice elements such as assessment and behavioral outcomes can be affected by a lack of teaming: “There are many players involved with this family and yet there is no sense of teaming. Providers are working with the family, but are not communicating with each other and do not seem to know each other’s roles. This is particularly concerning in regard to the cleaning services and the parent aid. One person is coming in to clean the home and the other to teach the mother strategies to maintain the home’s cleanliness. Yet, the two are not talking to each other regarding what they are doing, possibly creating duplication of services or even a disconnect in expectations. Communication with the mother’s therapist may also be helpful in providing further insight into what has been helpful in producing change in that context.”

ASSESSMENT & UNDERSTANDING - SAFETY: To what degree: Is there a shared big picture understanding of the child and family’s strengths, needs, and diminished parent/caregiver protective capacities that must change to assure child safety? Are these understandings reflected in the process used for helping the family achieve a safe home (via protective provisions in the home, demonstrated parent/caregiver protective capacities, and sustainable family supports)?

ASSESSMENT & UNDERSTANDING - OVERALL: To what degree: Is there a shared big picture understanding of the child and family's strengths, needs, risks, and underlying issues that must change for the child and family of origin or adoptive family to live independent of agency supervision? Are these understandings reflected in the family change process used for helping the family achieve permanency and well-being (via demonstrated parental behavior changes, sustainable family supports, and concurrent alternatives pursued for achieving permanency with another family, if necessary)?

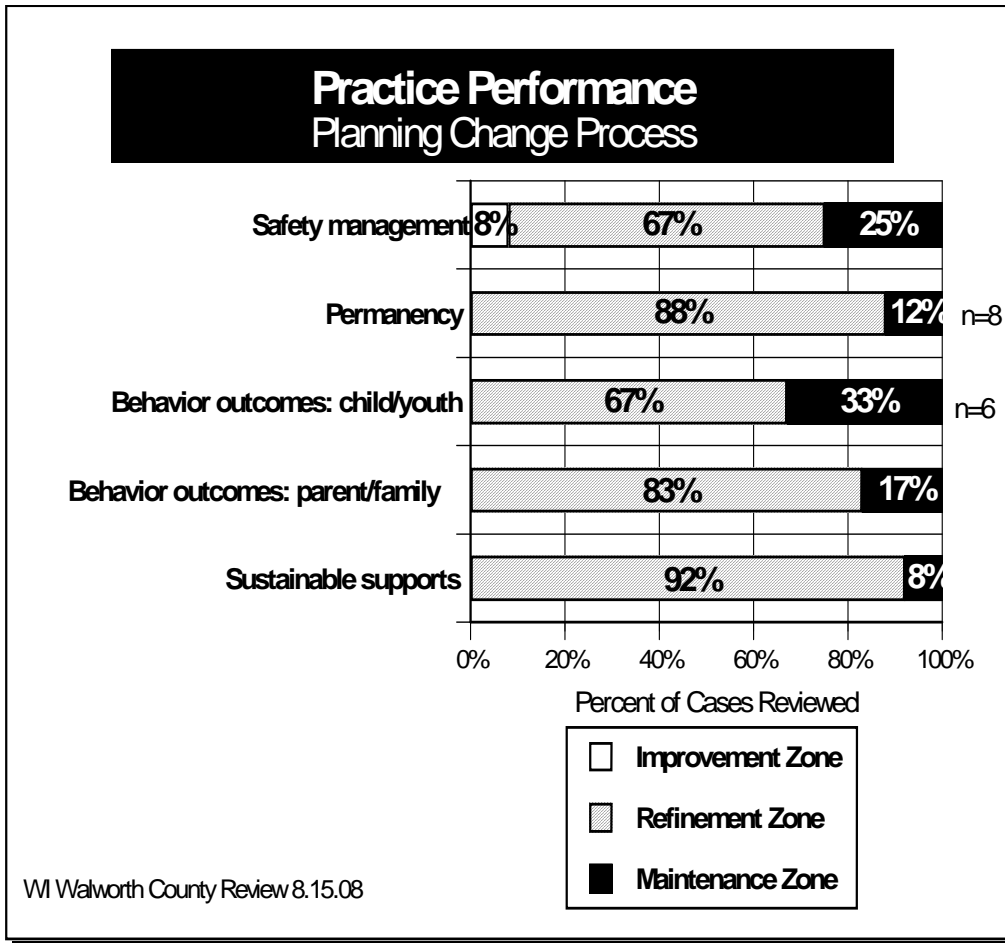
Comments: Effective case practice was demonstrated with respect to safety assessment and understanding, with one half of the sample cases rating in the maintenance zone and eleven of twelve overall acceptable. Assessment and understanding of the broader child and family situation scored slightly lower, with only 25 percent of cases in the maintenance zone and 75 percent in the acceptable range.

One case demonstrates the links between the quality of behavior change, necessary supports and resources, and successful case closure: “There is not a shared assessment and understanding as to what specifically must change for the family to live independent of agency supervision. Mental health providers are unwilling to provide counseling services as they and/or the family does not see the need for counseling. There is also not a shared understanding of the mother’s anger and fixation upon the father’s past abuse of her. Some believe the mother’s stressors of housing, employment and childcare are the source of her irritability and need to be addressed by the agency.”

LONG-TERM VIEW FOR SAFE CASE CLOSURE: To what degree are there defined, understood, and agreed-upon conditions for Safe Case Closure that specify what: Protective provisions must be present in the home to keep children and parents safe? Permanency issues must be resolved and outcomes attained? Behavioral patterns must be demonstrated and sustained in the home by the parent? Sustainable conditions and supports must be present in the home and family situation to preserve the family, reunify the family, support the adoptive family or youth transitioning to independent living so that external supervision may be safely concluded with the family or youth being independent of the system?

Comments: Long-term view is a rigorous measure that takes into account a wide range of practice elements related to safety, assessment, accurate behavioral planning, and supportive resources. With only six of twelve cases attaining the level of acceptability and none scoring in the maintenance zone, long-term view is another area of practice that shows room for improvement. Less than optimal scores in other practice areas that coincided with unacceptable ratings for long-term view include engagement, roles and voice, teaming, and assessment and understanding.

In one case that rated in the improvement zone it was found that: “The focus child and his mother do not fully trust the worker and do not believe their ‘side’ is heard by the agency. The informal teams developed did not include the domestic violence counselor who has been involved with the focus child for 1 ½ years and has a positive relationship with him and his mother. There is not a shared assessment and understanding as to what specifically must change for the family to live independent of agency supervision. It is not clear to the family or other providers what specific behavior changes must occur for the parents or the focus child. There are specific written goals regarding the involvement of family members in counseling, yet counseling has been discontinued and the plan’s goals have not been adjusted.”



PLANNING A PROCESS FOR SAFETY MANAGEMENT: To what degree is a well-reasoned, ongoing process being used for controlling and managing impending danger threats to child safety while strategies and actions are developed and implemented for the family change process via enhancing parent/caregiver capacities that lead to attainment of protective conditions for safety in the home, acquisition/demonstration of required parent behavior changes, and securing sustainable family supports?

Comments: Seventy-five percent of cases scored as acceptable and of those four of twelve reached the maintenance zone. One case illustrates an effective plan that responded to danger threats: “Safety concerns were identified and strategies were put in place to control the threats to safety. For example, when the physical environment within the home deteriorated to the point that posed a safety threat, the children were removed and the parents were given opportunity to restore the home to a safe living condition. Once the home was restored, the children were promptly returned. In addition, the case manager has secured a cleaning service to come into the home once a week to ensure that the home does not deteriorate to the point again. The family has been maintaining the home and demonstrating some progress.”

PLANNING A CHANGE PROCESS FOR PERMANENCY [For a child removed from his or her home]: To what degree is a well-reasoned planning process used to drive strategies and actions for the family change process that provides, as needed, for: Reunifying the child and parent, replacing the entering parent with another, or achieving independence for a youth? Searching for, finding, eliminating, and approving a relative or another replacement to be the permanent caregiver? Resolving any legal barriers to permanency? Supporting and evaluating the stability and success of the child and family in a potentially permanent home to ensure family sustainability as a condition for Safe Case Closure?

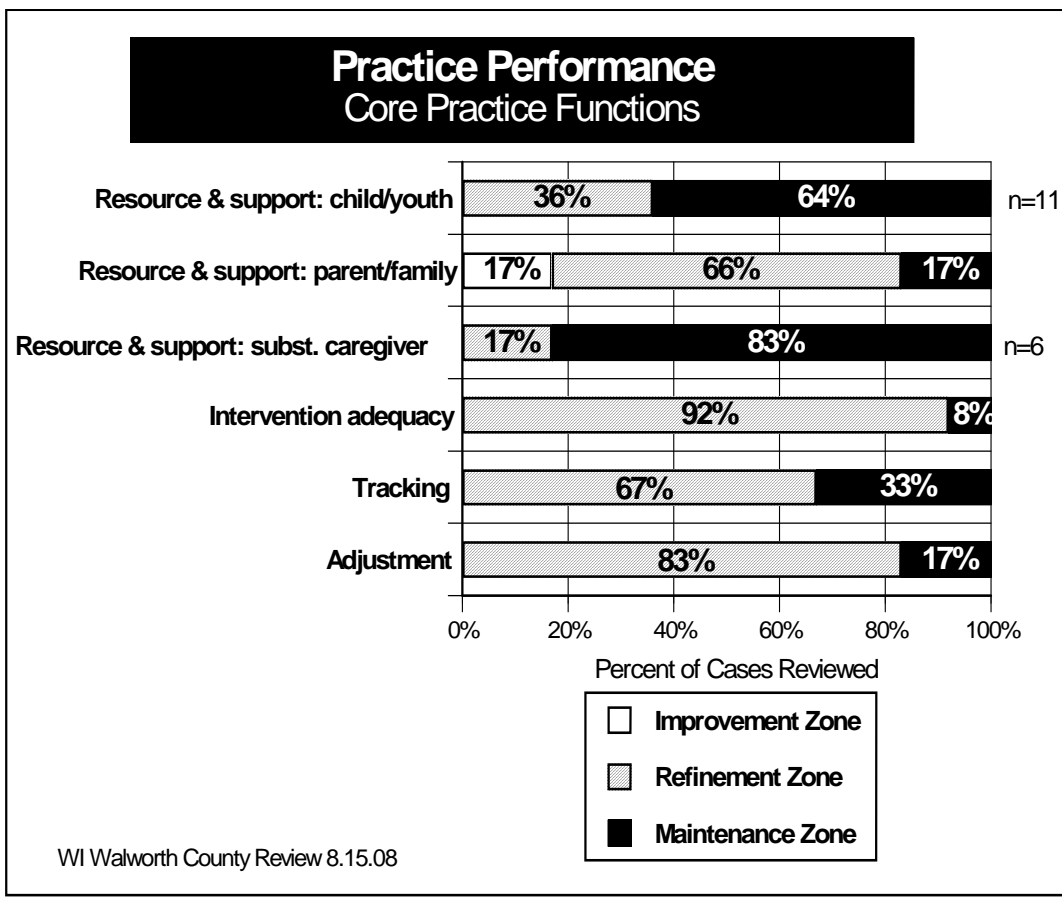
Comments: Of the eight cases rated for this indicator, one scored in the maintenance zone and five reached the range of acceptability. In a case that reached an impasse and showed need for refinement the reviewer wrote: “Everyone knows that the ultimate goal for the focus child is permanency but it is not clear whom that permanency will be with. As time continues to pass it looks more and more unlikely that this child will find permanency with one of his birth parents. The goals need to be reassessed and changed to fit the circumstances. This case has a number of participants but a working team has not been formed.”

PLANNING A CHANGE PROCESS FOR BEHAVIOR OUTCOMES: To what degree is a well-reasoned, ongoing planning process being used to drive strategies and actions for a behavior change process that provides, as needed, for: Acquisition and demonstration of knowledge and skills necessary for parenting? Reduction of behaviors and/or symptoms that interfere with protective and caregiving capacities? Demonstration that behavior changes are effective in parenting, protecting children, and maintaining stability of the home and family situation? Demonstration that behavior changes are sustainable over time and likely to continue following return and Safe Case Closure?

Comments: Eighty-three percent of cases rated as acceptable for behavior planning for children and fifty-eight percent for parents and family. One example from the refinement zone shows the connection between targeting observable outcomes related to behavior and family independence from the system: “Specific behavior outcomes for the father were unclear and not well defined, making it difficult to plan a change process around. Subsequently, it was challenging for those interviewed to articulate a long term view for safe case closure in regard to the father. Again, without clear expectations around specific behaviors—what he should do more of and what he should do less of—it’s difficult to evaluate his progress and see an ‘end.’

PLANNING A CHANGE PROCESS FOR SUSTAINABLE SUPPORTS: To what degree is a well-reasoned, ongoing planning process being used to drive strategies and actions for sustainable supports for the family that provides, as needed, for: Meeting basic necessities of life? Ongoing supports necessary for recovery and relapse prevention? Informal social supports necessary to sustain the family following Safe Case Closure?

Comments: Only six of the twelve cases in the sample scored as acceptable and only one fell in the maintenance zone. One example shows the difficulty of building informal supports into plans for families whose longer-term needs are difficult pin down and whose challenges are less acute and more chronic in nature: “This family has many needs and may always require some sort of formal support. Many people interviewed shared this view but struggled to envision exactly what success for this family would look like when they are independent from the system. In addition, it seems it has been challenging to differentiate between what must change for safe closure and what would be nice or ideal to change. While no one interviewed could identify any safety concerns, they also could not see how the family would maintain over time. Without a clear picture and clearly defined guidelines for safe case closure it is difficult to know what kinds of sustainable supports to plan for.”



RESOURCE & SUPPORT USE: To what degree is/are the family and/or out-of-home caregiver actively being provided the training, in-home support, supervision, resources, support-development assistance, and relief necessary to provide a safe and stable living arrangement for the child that meets the child’s daily care, development, and parenting needs? If the child presents special needs with more extensive care requirements, to what degree is the family/out-of-home caregiver provided specialized support commensurate with that required to meet

the child's needs while maintaining stability of the home and family commitment to the child?

Comments: Eighty-two percent of children and fifty-eight percent of parents scored in the acceptable range and thus found to be provided and benefitting from supports and services in place. In one such case the form of support for the focus child came in the way of a positive relationship with a caregiver: "In terms of resource and support use, the focus child has been able to maintain a close relationship with his godparents and his maternal grandmother. He visits with them on a regular basis and enjoys being able to spend time with all of them."

In another case it was formal services that provided the necessary supportive resources: "Resources are effectively identified and used to assist the focus child and her family. In addition to individual and family therapy, weekly in-home therapy was provided to the focus child and her brother, frequent respite is used to support the foster home, and the children have recently been matched to mentors through the Big Brothers/Big Sisters program."

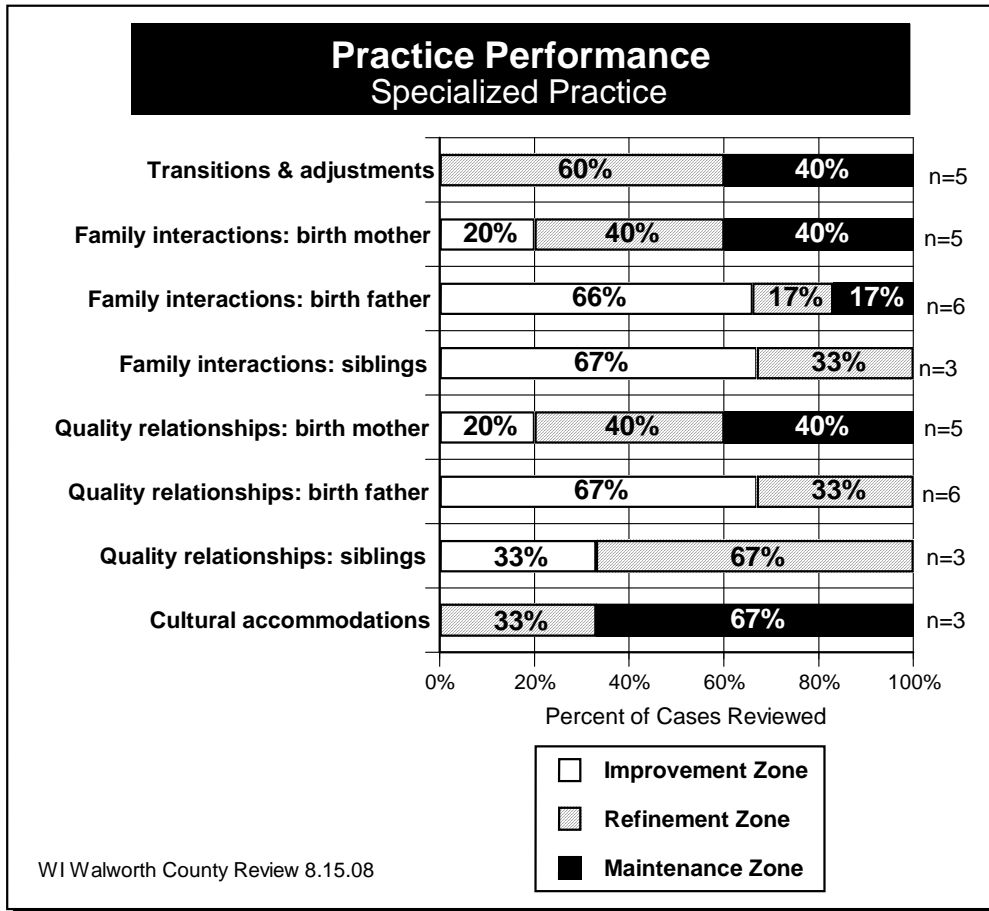
INTERVENTION ADEQUACY FOR CHANGE: To what degree are the change-related interventions, actions, and resources provided to the child and family of sufficient power (precision, intensity, duration, fidelity, and consistency) to produce desired results and make timely progress necessary to meet Safe Case Closure requirements and to sustain family independence from the service system following closure?

Comments: Eight of the twelve cases rated as acceptable for this indicator. In one case the reviewer pointed out that the lack of a long-term view and planning for behavioral outcomes led to difficulty even knowing if a particular intervention was succeeding: "It's not clear if the services and interventions needed to be different or more or less intense. A few providers wondered if he needed more Alcohol and Other Drug Abuse (AODA) treatment or something to help him maintain abstinence; nonetheless, adjusting the approach and plan in response to the father's increased ambivalence and disinterest was needed."

TRACKING AND ADJUSTMENT: Are the child and family status, intervention process, and change results routinely followed along and evaluated? Are strategies and services modified to respond to the changing needs and to apply knowledge gained about strategies and results to create a self-correcting service process for finding what works for the child and family?

Comments: Ninety-two percent of cases rated as acceptable for tracking, with four of twelve cases scoring in the refinement zone. Adjustment scored slightly lower, with only two cases in the maintenance zone and eight of twelve in the acceptable range. One case demonstrates the how a lack of teaming can impact the ability to adjust a case plan: "As the family has demonstrated success in maintaining the home, subsequent adjustments have not been made. For instance, currently there are intensive weekly cleaning services

involved, yet no plan to begin reducing these services. There also has not been opportunity for the parents to demonstrate an ability to sustain without intervention or to assess to what extent the family can maintain on their own. An increase in teaming efforts would greatly aid in determining how to adjust the plan and develop a long term view for safe case closure.”



TRANSITIONS & LIFE ADJUSTMENTS: To what degree: Is the current or next life change transition for the child being planned, staged, and implemented to assure a timely, smooth, and successful adjustment for the child and family after the change occurs? Are transitional staging plans/arrangements being made to assure a successful transition and life adjustment in daily settings? If the child is returning home and to school following a temporary placement in foster care, treatment, or detention, is the transition and life adjustment sequence working? Is there follow-along support for the adjustment period?

Comments: Two of the five cases scored for this indicator rated as acceptable. In one case careful consideration of the focus child’s special needs was taken into account in transition planning: “All team members are carefully planning a transition to the mother’s home, and are taking into account that the plan may take longer than anticipated

given the focus child's needs. The mother does reside in another state, which does also add an interesting dimension to reunification, given that the focus child most likely will have to switch schools, and it is unknown if there is a local school that will be able to best meet the focus child's needs. If the case continues as planned the focus child will be return home within the next several months."

FAMILY INTERACTIONS: When children and family members are living temporarily away from one another, how well are specifically planned strategies and supports working to build and sustain family connections with meaningful interactions via frequent visitation and other means, unless compelling reasons exist for keeping them apart? To what degree are strategies and efforts being implemented to support the following between the child and his/her family members for: (1) Supporting frequent interactions via visitation and other means? and (2) Using varied and creative opportunities for family members to nurture one another?

QUALITY FAMILY RELATIONSHIPS: When children and family members are living temporarily away from one another, how well are specifically planned strategies and supports working to build and sustain good quality family relationships through various appropriate means, unless compelling reasons exist for keeping them apart? To what degree are current strategies and efforts enabling family members to improve and maintain the strengths and positive qualities of their relationships with one another?

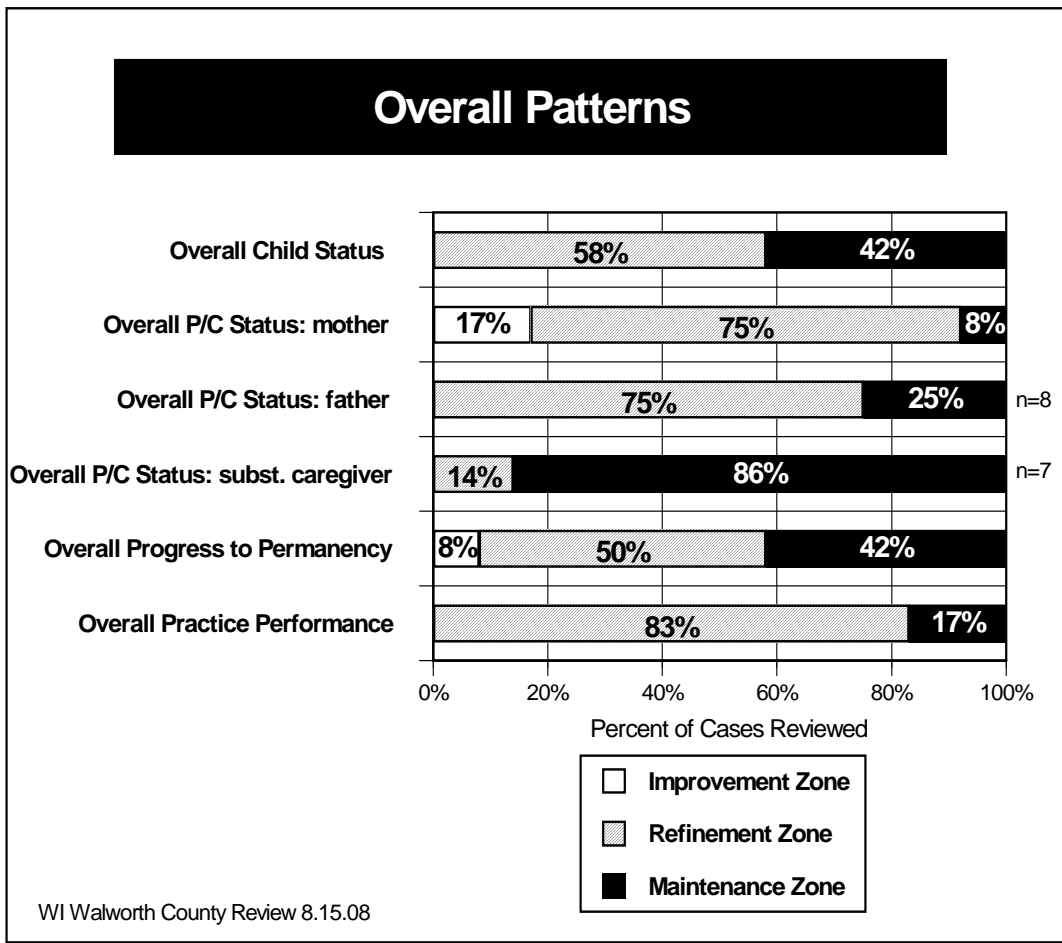
Comments: Eighty percent of the sample children rated for these indicators was found to be maintaining adequate connections and having quality relationships with their birth mothers. In contrast, only 33 percent of the cases were scored as acceptable for the sample children's interactions with their birth fathers and siblings. As indicated, these latter findings mirrored in the perceptions of community partners as voiced in focus groups.

SPECIALIZED CULTURAL ACCOMMODATIONS: How well have any major cultural issues of the child and family been identified and addressed in practice? If indicated, are specialized supports and services provided being made culturally appropriate via special accommodations in the family engagement, assessment, planning, and service delivery processes being used with this child and family?

Comments: Of the three cases rated for cultural accommodations, two fell in the maintenance zone and one rated as unacceptable in the low refinement zone. A maintenance zone case illustrates cultural competence as reflected through effective engagement, sensitivity, and common sense: "The family is bi-lingual and the father primarily spoke Spanish. The case manager was also bi-lingual, and appeared very sensitive to cultural issues. Most notably was her engagement of the father. The case manager could have easily taken the perspective that since he was in custody and being deported in the immediate future, there would not be a need to provide services or seek

out his involvement in his child’s case; however, she did the opposite. As soon as the criminal court no-contact order was lifted, the case manager arranged for visitation between the father and the focus child. The case manager also arranged for a culturally sensitive parent educator that worked with the father while he was in jail, prior to his deportation. The case manager also met with him to discuss his wishes for his daughter and encouraged the father to continue contact with the agency once he was relocated.”

However, in the case from the refinement zone engagement seemed to be complicated by a lack of cultural accommodations and understanding: “In terms of barriers to effective engagement, the father is very angry at the ‘system’ which includes the court, the agency, and law enforcement. He feels that the system destroyed his family and encouraged his son to not have any contact with him or siblings. Because the child and father have not seen each other for the past 13 months, this has created a very difficult situation. He spoke about not having anyone come to his home to see where he lived and what type of home environment he was providing for his older son and younger daughter who reside with him. He indicated that he is ready to ‘give up, quit’ and have his son remain in foster care, but he would like to at least have an opportunity to speak to his son before this happens.”



VII. NEXT STEPS AND ACTION PLANNING

County staff, supervisors, and the director were encouraged to use the results of the review to formulate and implement an action plan to address enhancement of case practice and systems issues, which will ultimately result in improved outcomes for children and families in Walworth County. Agency staff identified the following as areas of potential focus for system and practice improvement:

- Address the termination of parental rights backlog
- Develop a long-term view for safe case closure. Family Group Conferencing done at the intake level. What needs to change to specifically address case closure?
- Set up a day and time for regular team meetings
- Look into informal/formal supports to help mother's meet their kids needs
- What do parents need? Informal needs, supports, emotional supports, parent-aide, support group, non-court involved families: in-home parenting services, underemployed family needs/services and social supports
- More formal process for post-termination of parental rights birth parent/adoptive parent relationships-Can Family Group Conferencing be used for this?
- Coordinate with the Training Partnership to discuss more trainings
- More formal support systems to promote sibling relationships in out of home care
- Learn ways to increase parent understanding of case process

During the final “next steps” meeting of the review the Director, Deputy Director, supervisors, and agency leadership met with the site leaders, the Area Administrator, and the state’s proposed post-QSR facilitator to identify the practice areas the agency is interested in improving. The county indicated their willingness to participate in the state-funded post-QSR action planning process designed to use QSR outcome data to target areas of practice enhancement. However, they requested permission to opt out of it because they were close to implementing recommendations from an internal “redesign team” that was charged with investigating and incorporating evidence-based principles into their case practice. The agency felt their internal redesign team had already completed the steps outlined in the QSR summary presentation.

VIII. SUMMARY

Results from Walworth County’s first Quality Service Review revealed a number of strengths and opportunities to consider. Organizationally the agency would seem to be in a favorable position moving forward, due to relatively low turnover and a cohesive and highly skilled staff that is supported by devoted supervisors and a managerial team committed to implementing evidence-based practice. The expansion of in-house services targeted to meet the identified needs of the specific client population served, as well as positive working relationships with legal partners and community stakeholders, bodes well in terms of the ability to accomplish this goal. Opportunities in practice that could improve desired outcomes include increasing the frequency and quality of family

interactions, finding ways to more effectively and consistently engage fathers and Hispanic/Latino families, and devising case plans in a way that includes specific behavioral measures for safe closure. Teaming is perhaps the most significant practice area that could use improvement, and if effectively implemented it could go a long way in shoring up other areas of practice and ultimately improve efficiency and desired outcomes.